DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 175022 REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME MONTH TYPE OR PRINTS RICHARD 704175 6. AGE IN YEARS LAST BIRTHDAY SE STNOFF TYEAR SE UNDER 24 HRS MONTH YEAR MALF 1912 7a. BIRTHPLACE I STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Wash., D. WIDOWED DIVORCED F 12b, KIND OF BUSINESS OR Retired Federal ON TON HOSPITAL
FOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Caroline Greensboro YES X 116 South Wain Richard C. Adams. Carrie F. Meigs 166 SOCIAL SECURITY NO 17 INFORMANT P.B.Road Josephine A. Lumpkin-s s APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY EAR ELECTROASCHARE DISASSOTIATION IMMEDIATE CAUSE (0)_ 4 nu, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which CARDIDG: ~1C SHOCK Ö gave rise to immediate Ö couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE (2) CERTIFICATION 0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 In ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 ø NOT WHILE 0 220 1 certify that (this hospital) attended the deceased from 0 saw the deceased alive on. and that in(im) (our) opinion death occurred on the date and how and from the causes stated 226 SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN [22e. ADDRES COUNTY

Funeral Home-Wash., D.C., 20012

REGISTRAR 25h, REGISTRAR'S SIGNAMPRE

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of efoned by the Pospital or attending physician.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

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	rion	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEC	DUENCE OF					
	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
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IMPORTANT: If them 21 is marked ar them 18 shaws ony injury, ar other tra TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please the with the State Dept. of Health and Mental Hygiene prior to burial, crem

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FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

for FUNERA

ELKTON.

MD. 21921

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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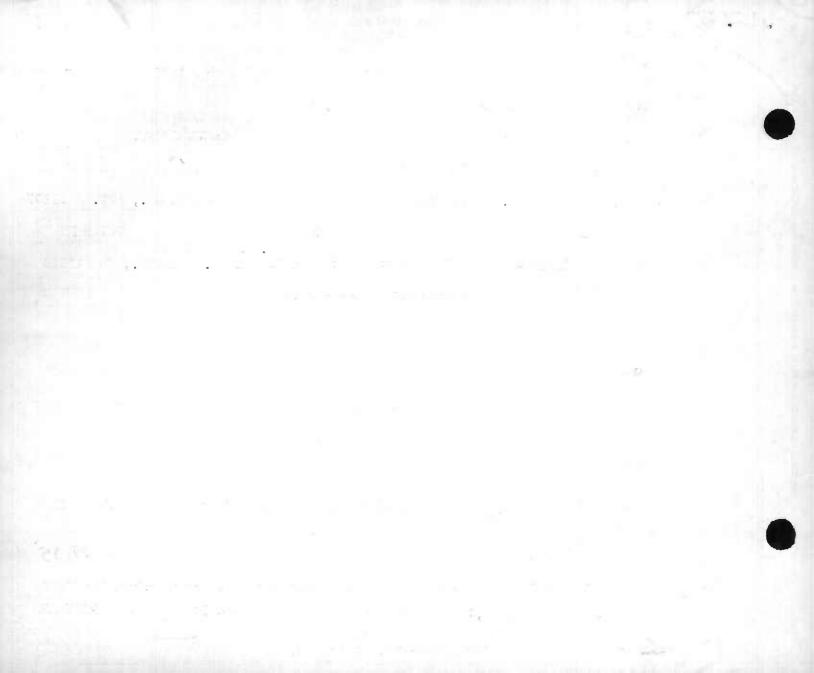
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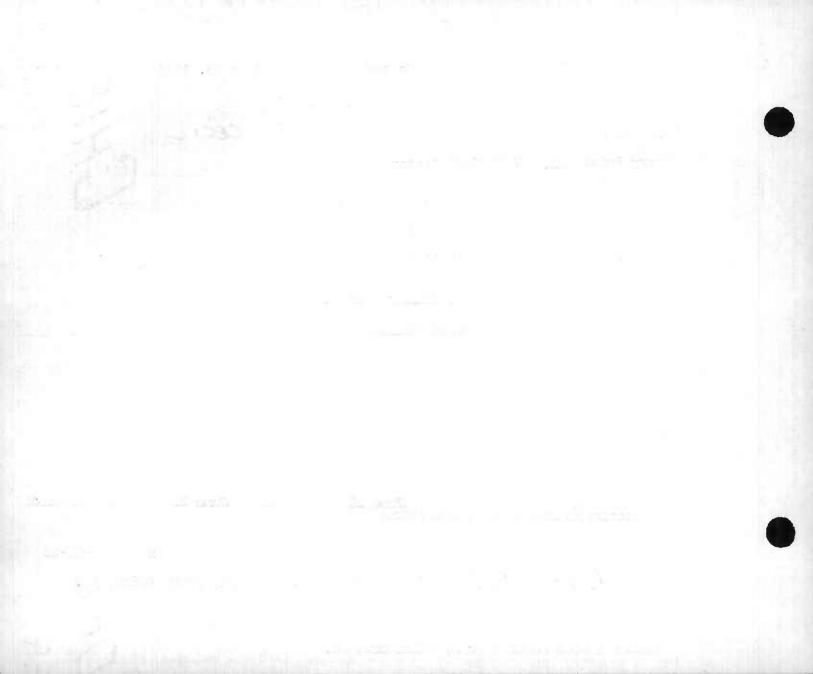
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 176023 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR OF ESTI-DECEASED NAME MONTH DAY LIVE OR PRINTE CARTER DEBORAH 6-11-85 4 RACE DATE OF BIRTH 6 AGE UN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE PRONOUNCED 6-11-85. 3:25P DEAD FEMALE WHITE 20 3.5 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH A RIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY U. S. A Cecil County WIDOWED DIVORCED III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Union Hospital Elkton HOUSEWIFE HOME ISUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE 136 COUNTY 13c. CITY OR TOWN 1035 ELENEZER CHURCH Rel. CECI RISING SUN MIDDLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO. OR UNKNOWN) R. CARTER 219 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Electrocution IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM, 18 PART) OR PART 2) UNDERLYING subject was mowing the lawn with an electric 6-11-85 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) 1035 Ebenezer Church Rd. Rising Sun Md STAT NOT WHILE AT WORK AT WORK home Autopsy XX 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion LXSuicide Undetermined manner PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BAETH ORE, TITLE (SPECIFY) 6-12-85 Assistant MEDICAL EXAMINER SIGNATUR 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION EBENZENCHURCH CEMETERY CECI. 07/84 25M 256. REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

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ZESE SE	1	SIGNATURE.	-	11		M.	D. Assist	antwe	DICAL EXAMINER		SIGNE	-6/1	10/85
EXECUTE THE CERTIFICATE, WIND PAGE 4 SHOULD BE FORWAL TO FIRE DEATH WITH THE STATE BALLIMORE, MARYLAND, 212		EXAMINER'S (TYPE OR PRI	NAME Gre	egory R. K	auffman, M	.D.	ADDRESS	111 F	Penn St.				
PASOTA -			TION, REMOVAL 2	36 DATE	23c. NAME OF CE	METERY OF		23d. L	OCATION Y OR TOWN		COUN	ity	STATE
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rector, p	3. 58	x Male	4 RACE White	9	SEPTI	EMBER 23, 1901	6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR IF UNDER 24 HRS
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117		WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	162-03-3		17. INFORMANT Mrs. Pearl	N. Clarke.		Md. 21921
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OR he		226. SIGNATUR	(R			ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	6/21/85
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DHMH-16 60M 1/73 (VR A 15 (4)) FELLOWS F.H. 226 E. MAIN ST. CECILTON, MD 21913

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SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after a d by the hospital or attending physician.	NERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely lifed in a pre- be described for use as the buriothronsis permit. Then please remove corbonopoets from a formal shadows.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 5	7 2 0 8
Ĺ	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST				DAY YEAR 26. HOUR
3. SE	PAUL X		DAVIS Is date of Birth	June 5, 1985	5:10a
/	Male	White	Feb. 25, 1918		
	RTHPLACE ISTATE OR FOREIGN COUNTRY)	STATE OR FOREIGN White Feb. 25, 1918 67 YRS. MONTHS TO PEAT	OF DEATH		
3	rry Point. Md.	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS C
2 USU	L RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13c. CITY OR TOW	(N 1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	11///
34. F/	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	LAST
C	George	Davis	Amanda	H:	astings
	YES, NO OR UNKNOWN) (# YES, G	IVE WAR OR DATES)			
-			77 L L L L L L C 111 77 .	ilson, Princes	s Anne, Md.
	PART I. DEATH WAS CAUS	ED BY. Doenira			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMED14	TE CAUSE (o) TESPITA	arrese		
	Conditions if any which	DUE TO, OR AS A CONSEQUI	ence of rv emphysema		
	gave rise to immediate	(6)			
		Chronic	alcoholism w/seiz	ure disorder	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART I/O
∑ S N			1		7
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIE	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2]
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that 💥 (this hasp	oital) attended the deceased fram_	May 7 19.85	June 5	19 <u>85</u> XXXXXX
	dbove, (i) (we) (did) (did n	of) view the body after death.	XXX and that in (my) (aur) apinian	death occurred on the date and haur	and from the causes stated
	22b. SIGNATURE	frem to	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 6-5-85
	PREM LAL, M.I		VA Medical	Center, Perry Po	int, Md.
	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	6/7/85 M	d. Veterans Cem	t. Hurlock	Md.
	INERAL DIRECTOR Hinman Funeral	Home, Princess A	1, 4112	REC'D. BY REGISTRARY IN REQUITE	AP'S SIGNATURE

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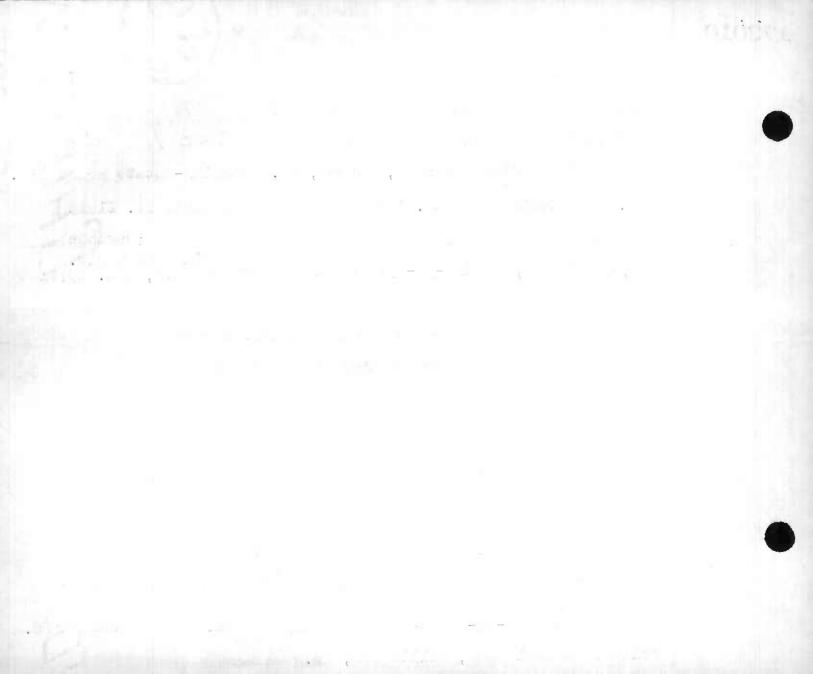
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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120		the death certifical	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	ENES 5	0.	2 0	7			
	CEASED NAME ERST	M	IDDLE	L	AST	20. DATE OF DEATH	MONTH / DAY	YEAR 2	HOUR			
(TYPE	DOHN)	N	MN	D	UFF		6/111	£3	2629M			
3. SE		4 RACE		5. DATE C		6 AGE INYEARS LAST BIR			UNDER 24 HRS			
	Male Wh		ite	MONTH	7 1907	78 YRS. M		MONTHS DAYS HOURS MIN.				
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	OF DEATH ,				
1	Maryland	USA		WIDOWED A DIVORCED		Cec	//	CO MD				
10 C	EIK TON	(IE NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A Hospita	DDRESS)	lkton. Md.	126. USUAL OCCUPATION OF COMMON TO THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE PROPER		126 KIND OF B INDUSTRY Road				
USU	AL RESIDENCE 115 NURSING HOME OF	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	_					
130.	Md. Cec		Ches.C		YES X NO	404 Ceci		21915				
14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST				
1	Thomas	WIDDLE	Duff		Jane	MIDDLE	(Un	known)			
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	47 ADDRE						
(YES, NO OR UNKNOWN)	N/A	219-30-	9580	Josephine !			_	711			
IFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WI								DEATH?			
CERTIFIC	71a. ACCIDENT WAS UNDERLYING	216 TIME OF	INTITIEV		21c HOW INJURY OCCURR	YES NO	YES [ио 🗌			
	OR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DA		The state of the s	LEWISE ANTORE OF INJU	as as light in CARI	· On Family				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.A.		19	211 LOCATION							
ME	WHILE NOT WHILE I		ET FACTORY, OFFICE FA	RM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE			
		19.	the	at (I) (we) lost								
	220.1 certify that (I) (this hospi	itol) offended the		saw the deceosed glive on								
				, 01	nd that in (my) (aur) opinion d	leath occurred on the de	ote and hour ar	nd Irom the car	uses stated			
	saw the deceased alive on obave, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body o			nd that in (my) (aur) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAL	FF	224. DATE SK				
	saw the deceased alive on obave, (I) (we) (did) (did no	t) view the body o			DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF CIAN []	22c. DATE SK	GNED			
230	saw the deceosed alive on obave, (I) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (17PEC) BURIAL, CREMATION, REMOVAL	tiview the bady of	un p	A	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	ELOW	PLO 2	1921			
230	saw the deceased alive an obave, (1) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (17PE C. 22b. A - W. BURIAL, CREMATION, REMOVAL 15PECET)	23b. DATE	ury B ury B 23c N	A A AME OF C	ATTENDING PHYSICIAN V	MEDICAL STAL DIRECTOR PHYSIC V ST GLI 23d LOCATION CITYOR TOWN	ETAN []	PLO 2	GNED 1921 STATE			
	saw the deceosed alive on obave, (I) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (17PEC) BURIAL, CREMATION, REMOVAL	tiview the bady of	ury B ury B 23c N	A A AME OF C	ATTENDING PHYSICIAN VIOLENTIAN PARTIES ADDRESS ACTA RANGE EMETERY OR CREMATORY Cemetery	MEDICAL STAI DIRECTOR PHYSIC	ETAN D	PLO 2	STATE			

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) 12:55 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR White 12.1903 Female .June To BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U. S. A. Cecil WIDOWED TO DIVORCED Maryland NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR State of Maryland Secur (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) Elkton Union Hospital of Cecil County USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NOF Cecil 138 W. High Street 21921 Maryland Elkton 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Bol ton George Nora Bennett 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 092-16-0049 Vivian F. Ginn . Florida Leesburg No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY 48 here IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating underlying cause NOT RELATED THE TERMIN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET STATE (AT HOME, STREET, FACTORY OFFICE FARM ETC.) AL WORK 22a I certify that (I) (the house tot othended the deceased from saw the deceosed olive on above, (I) (we) (did) (did not) view the body ofter death. and that in (my) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

DHMH - 16 50M 4/83

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DIVISION OF VITAL RECORDS,

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

HICKS HOME FOR FUNERALS

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Elkton. Gilpin Manor Mem Park Cecil. 250 DATE REC'D. BY REGISTRAR 256. REGISTRARS SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 172082 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME ANIDIDI F 2h. HOUR GILBERT TYPE OR PRINTI 6 H. 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS MONTH Male White SEPTEMBER 11.1913 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Virginia USA WIDOWED DIVORCED Cecil NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR III. CITY OR TOWN OF DEATH INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Elkton Supervisor Aberdeen P.G. Union Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1531 N.E. 34th Court 33064 Florida Broward YES 🔛 NO [Pompano Beach 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Kelly Halsev Elste Wilson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 33064 (IF YES, GIVE WAR OR DATES) 213-05-8173 Yes WW2 Mrs. Alberta S. Halsey Pompano Reach, Fla. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Respiratory IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Carcinoma Lung & Metastasis Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 neumonia 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES [NO [216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE D NOT WHILE D 220 I certify that ((1)) (this haspital) attended the deceased from sow the deceosed alive on obove (II) (we) (did not) view the bady after death , and that in (m) (our) opinion death occurred on the date and have and from the causes stated 22h SIGNATURE DEGREE MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME LITYPE OR PRINT 204 BOWST, ELKTON Md 2192 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Gilpin Manor Memorial Park, Elkton, Md. 21921 Burial 6-15-85 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 HICKS HOME for FUNERALS 21921 (VRA 15, 4) 1 0 1095

ELKTON.

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177048 DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REGISTRAR REG. NO LAS 2a. DATE OF DEATH DECEASED NAME FIRST MONTH 2b. HOUR (TYPE OR PRINT) 85 04 arrington 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE MONTH DAYS **MOURS** White AUGUST 21. 1923 Male 61 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Delaware USA Cecil WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION O CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Elkton Tool & Die Maker Spitz Lab. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ld be 19702 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1 Summit Bridge Trailer Park Delaware New Castle Newark YES 🗌 NO Q 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Phillip Callaway Harrington Edna 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW 2 Mrs. Anna L. Harrington, Newark, Del. 19702 221-10-1452 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Stomach with Mets IMMEDIATE CAUSE DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED č IN CERTIFYING CAUSES OF DEATH? NOX YES [NO F Hyg 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY COUNTY CITY OR TOWN STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Huly 22s.1 certify that (1) (this hospital) attended the deceased from Aune 15 19 5 5 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated saw the deceased alive anabave, (1) (we) (did) (did not) frew the body after death 22h SIGNATURE 22c DATE SIGNED l.K. Pales m ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN | PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) Pe ld b INGERLY AVE ELKTON MD21921 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial Rosebank Cemetery 6-18-85 Calvert. Cecil. 250 DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURANDE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 ADDRESS for FUNERALS, ELKTON, MD. 21921 (VRA 15, 4)

STATE OF MARYLAND

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021201	I hours ofter deoth. Page 4 may be	ed in by the funeral director, page 3 in the filed within 72 hours after death	bemouthed of once.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ires that the death certificate be executed within 2	and by the ottending physicion and completely fill in please remove carbon papers. Pages 1 and 2-show buriol, cremation, or removal.	ry, or other troumatic event, the medical exami
DIVISION OF VITAL RECORDS	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2-shourd are filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANI: If Hem 21 is marked or Hem 18 shows ony injury, or other troumatic event, the medical examination be motified at once.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

HYGIENE 8	5	1	7	2	-
	REG. NO.				

1		REGISTRAR				CEKIII	ICATE OF DE	AIH		REG. NO	D.			4	
		CEASED NAME	FIRST	,	MIDDLE		LAST		2a. DATE O			DAY YEAR	2b HC	DUR	
Y	(TYPE	OR PRINT)			Um A orlo to	7	laath	-62		/	0/2.	=/05	1:	330	
	3. SE)	v	Doris	4 RACE	Wright		eath OF BIRTH		A AGE UN	YEARS LAST BIRT	HOAVI	UNDER I YEAR	IF LINE	SER 24 HRS	
	3. JL/			* KACL		MONT	H DAY	YEAR	U. AOL (III	I CARDEAU BIR		MONTHS DAYS			
		emale		whit	e	MAY	7, 1902		8:	3	YRS				
-		RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	PRIED []	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH			
bee	-	ennsy lva	ania	USA		WIDOWI	_	DRCED	Ce	cil				MD.	
-		TY OR TOWN O			HOSPITAL, NURSIN					OCCUPATION	NC	12b. KIND	OF BUSI		
1				(IF NOT IN SUC	H FACILITY, GIVE STREET				4	RK FOR MOST OF		E) INDUSTRY			
7		Lkton			Hospita GIVE RESIDENCE BEFORE		Cecil	Coun	ty n	omemak	er				
1	13a S	STATE	13b COUP	UTY	13c. CITY OR TOW		134 INSIDE CIT	Y LIMITS?	13e STREET	ADDRESS /	ZIP CODE				
1	Ma	ruland	Cec	il	E1kton	1	YES 1	10 1	364 Ri	cket	ts M	i11 R	21	921	
	14 FA	THER'S NAME					15 MOTHER'S	MAIDEN NAM	ΜE						
0		Wilso	212	T.	Wright		1	thel		M .			AST		
1	16a V	VAS DECEASED I			16b SOCIAL SECU		17. INFORMAN		-	ADDRE:	SS	Fergu	SUN		
4	()	YES NO OR UNKNOW		E WAR OR DATES)			III IIII OKMAN								
		No			220-07-3	3854	son=	Nels	son Heath, Elkton, M				Md. 21921		
		18 CAUSE OF	DEATH (Enter or	ly one couse per	line for (o), (b), one	dic				Jakir	MILL	BETWEEN	NONSET A	TERVAL ND DEATH	
		PART I. DEA	TH WAS CAUSE	D BY:	Arterios	cler	otic H	eart	disea	ase					
	IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease														
		Due to, or as a consequence of													
		Conditions, if ony, which gove rise to immediate (b)													
		couse IoI, stoting the DUETO, OR AS A CONSEQUENCE OF													
		underlying couse lost.													
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a										(a				
X.															
	ATI	Renal Failure 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPEN 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY			OPERATIO	PERATION WAS PERFORMED			20g AUTOPSY? 20b. IF YES, N			WERE FINDINGS USED			
/	FIC											YING CAUSE			
-	RT			2 211 211 5	e in Linaby		Tal Howen		YES [NO 2		S	NO		
1		21g. ACCIDENT WA	CAUSE OF DEA	1 110110 1	FINJURY M. MONTH DA	YEAR	21c HOW INJU	JRY OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM IB P	PART 1 OR PART 2)			
	CAL		MEDICAL EXAMINER	5131		19									
4	MEDICAL	21d INJURY OC	CURRED	21e. PLACE		V - 15	211 LOCATION	1		CITY OR TOY		COUNTY		STATE	
8	×	WHILE N	OT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE F	ARM ETC)	STREET			CHYORIOV	MM	COUNT		SIAIC	
				tal) attanded the	a daggarad from	Tan	1	10 79	I1	ino 2	5.	10 85	al cal	1> 1>	
		22a Leertify that (1) (this hospital) attended the deceased from Jan 19 79 to June 25 19 85 and that in (my) (our) opinion death occurred on the date and hour and obove, (1) (we) (did) (did not) view the body after death.										17		(we) fost	
	- 3														
		22b. SIGNATUR	E	Al	1 -		DEGREE					22c. DAT	SIGNE	D	
		450	elder.	Mue	uchoin	n	AL AL	TENDING IYSICIAN 🛣	MEDICAL DIRECTOR	STAF PHYSIC	IAN 🗌	2.8	3 J1	ın 85	
		22d. PHYSICIAN	'S NAME (TYPE C	R PRINT!			22e ADDRESS		3 / 25 2					I TA	
		Walla	ce Oh	enshair	M D		Co	cilto	n Md						
	220 0	URIAL, CREMAT				LAME OF C	EMETERY OR CR		123d. LOC	ATION					
	(SPECIFY)	IOIN, KEMOVAL						CITY	ORTOWN		COUNTY		STATE	
		Burial		6-29-	85 Ch	erry	Hill Me	th. Ce	metery	, Che	rry H	111. M	d.		
	24 FL	INTRAL DIRECTO	P 11 , 5	11:	4.1			25a. DATE	REC'D. BY	REGISTRAR	25b. REGIST	RAR'S SIGNA	TURE		

124 FUNERALS HOME for FUNERALS, ELKTON, MD. 21921

DHMH - 16 60M 7/84 (VRA 15, 4)

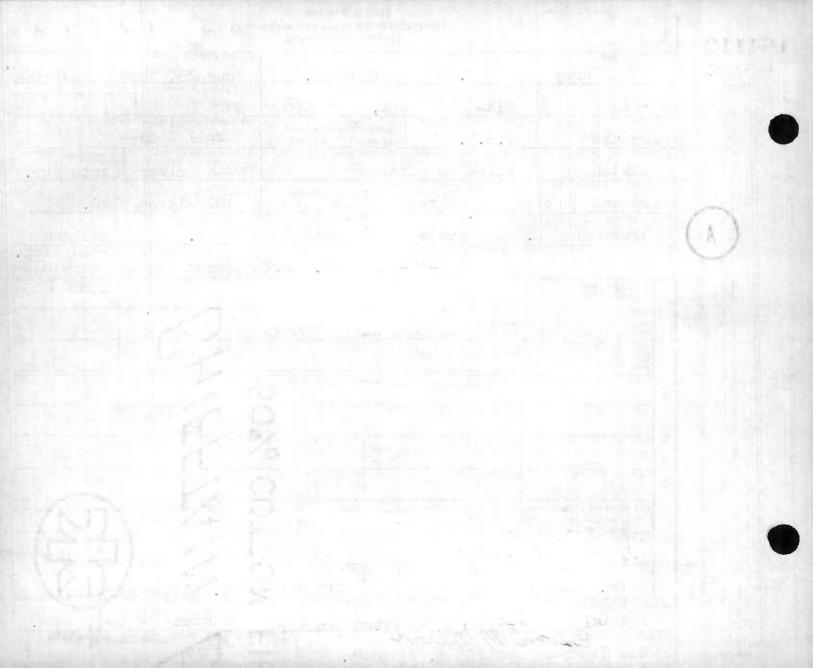
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and along the contract of the 220-07-3636 Jensey J. 15 10-022 and the second residence of a life worse the best



(VRA 15, 4)

STATE OF MARYLAND



DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME James F. Scarpelli, Cumberland, Md. 21502 JUN

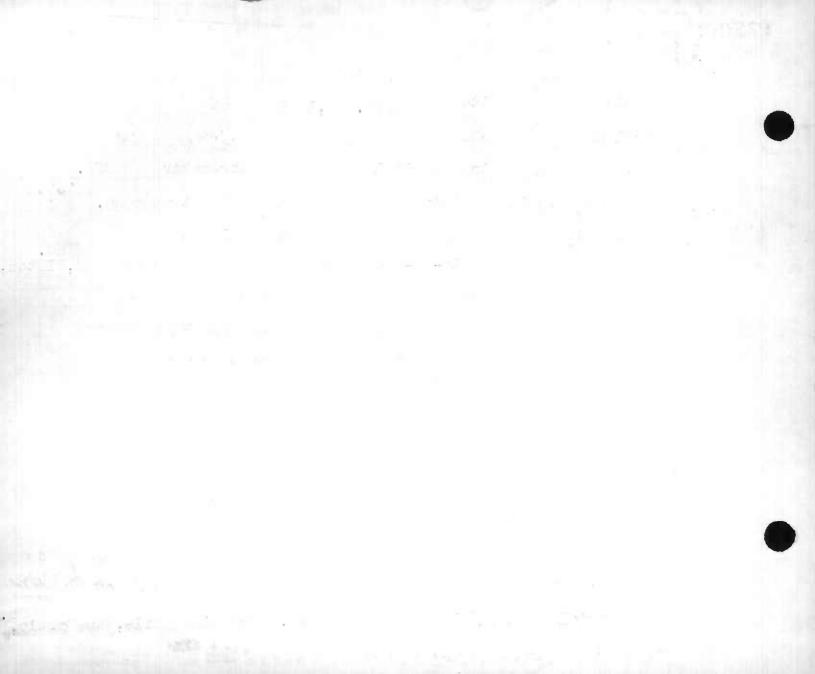
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175065	1.	STATE REGISTRAR	DEPAR		ATE OF DEATH	REG. NO).	
oy be oge 3 deoth] TYPI	CEASED NAME FIRST	11381	Xen.	np Sr	4	MONTH DAY YEAR	0045 N
ector, p	3. SE	Male	White	5. DATE OF MONTH Feb.	29,1900	6 AGE (IN YEARS LAST BIRTS	MONTHS DA	
and the seath Pa		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	ı MI
67	10. C	EIK TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STREE UNION HOSP	NG HOME OR	OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF COTEMAKE	WORKING LIFET INDUST	D OF BUSINESS OF
86	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		WN 11:	Id. INSIDE CITY LIMITS?	13. STREET ADDRESS / 258 Cats	ZIP CODE	2/92/
(1)70	14. F	ATHER'S NAME Benjamin	MIDDLE LAST Kemp		MOTHER'S MAIDEN NA	available		LAST
Po of the medical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 215-10		Norman B.	ADDRES Kemp 258 C	atswamp 1	Md. Rd,E1kto
uires that the death certifica igned by the attending phys in please remove corbangos burial, cremation, or remove try, or other troumatic events	7	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	TE CAUSE (a) HOUTE	JENCE OF OBSTA	Courdio		ilure	ROXIMATE INTERVAL LEN ONSET AND DEATH
on. bos been s permit. Th ene prior to	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
SiCIAN: Ti ng physicin certificate riol-tronsit entol Hygu		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	I HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
ottendin ottendin frer this os the bu h ond M orkedor I	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		II LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
TO HOSPITAL OR ATTENDIN erolined by the hospital or TO FUNERAL DIRECTOR: At should be detached for use owith the State Dept of Health IMPORTATE If them 21 is mo		sow the deceased alive or obove, (1) (ye) (dd) (did no 22b SPONATURE	atol) ottended the decessed from 12 12 12 12 12 12 12 12 12 12 12 12 12 1	ni) DE	GREE ATTENDING PHYSICIAN	death accurred on the do MEDICAL STAF MEDICAL PHYSICI FILLY AVE	F 6/1	ATE SIGNED 14/85-
BP	23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c	NAME OF CEN	ETERY OR CREMATORY	23d LOCATION CITY OR TOWN Park Mingu		
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ADDRESS		230. DA	IL NEC D. DI REGISTRARIA	256 REGISTRAR'S SIGN	VATURE



DIVISION OF VITAL

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND FOR
- STATE
REGISTRAR DEPARTMENT OF HEALTH AND, MENTAL HYGIENE S CERTIFICATE OF DEATH

		ne o lo l l l l							REG. NO.		
		OR PRINT)	FIRST		WIDDLE	ı	AST	20 DATE OF D		DAY YEAR	26 HOUR
			erre		N.	L	eBrun	1695	June	6.1985	6:55p M
	3 SEX			4 RACE		5. DATE C		6 AGE IN YEA		IF UNDER I YEAR	IF UNDER 24 HRS
		Male	2.0	White	е	July			88 YRS	MONTHS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOR	EIGN	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	Y OF DEATH	
/		New Jersey		U:	SA	WIDOWE			Cecil Cou	intv	MD.
ľ	10 CI	TY OR TOWN OF DEATH	1		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OC		12b KIND C	F BUSINESS OR
1		ort Deposit			River	Road			hairman		lat.Bank
7	USUA 13a S	AL RESIDENCE (IF NURSING	HOME OR		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13. STREET AD	DRESS / ZIP CODE		a o v Danie
	Mar	ryland	Ced	cil	PortDepo		YES NO K		iver Road	-	004
7	14 FA	THER'S NAME FIRST	٨	AIDDLE	LAST	DH (S	15. MOTHER'S MAIDEN NAM	ME	WIDDLE	LAS	
P		Michel		oracin	LeBrun		Olivia		MIDDLE	Steel	
		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	1	ADDRESS	219	904
		Yes	WW 1		215-18-8	950	Richard M. L	eBrun,	Sr., Port	Deposi	t.Md.
		18 CAUSE OF DEATH PART I. DEATH WAS	Enter onl	y one couse per	line for 19, (b), and	10 1	- 1/2 1-0	0.		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	13			CAUSE (o)	Cong	Ble	we Heard &	Lauren	-l		
				DUE TO, O	R AS A CONSEQUE	MCE OF			111		
		Conditions, if ony, w		(1b)_		sin	enic My	orned	copare	7	
		couse (a), stating	the	DUE TO, OI	R AS A CONSEQUE	NCE OF		110	0 -		3
				(_{1c)}		0	ulning	May	Klom		
	z	PART 2 OTHER SIGNIF	ICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIV	VEN IN PART TO	0
-	CERTIFICATION	19a DATE OF OPERATIO	N.1	Int COND	TION FOR WILLIAM	ODEDATIO	N WAS PERFORMED	To allon			
7	FIC.	196 DATE OF OPERATIO	NA.	IVE CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOP		S, WERE FINDING CAUSES	OF DEATH?
	ERTI	21g. ACCIDENT WAS UNDERL	YING 🗀	21b. TIME O	E IN II IDV		121, HOW IN HIRV OCCUPA		L-A	ES 🗌	NO 🗌
		OR CONTRIBUTING CAU	SE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	KED (ENTERNATU	RE OF INJURY IN ITEM 18	RART OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL		21e PLACE (19	211 LOCATION				
	WE	WHILE NOT WHILE			EET, FACTORY, OFFICE, FA	RM ETC)	STREET	1.73	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (th		ol) ottended the	e deceased from		. 19	, to			that (I) (we) lost
1		above 1) (we) (did)	olive on_ (did not)	view the body	ofter deoth.		d that in (my) (our) opinion o	deoth occurred	on the dote and hou	ond from the	couses stated
		226 SICKYPTURE	A	one	lumb	1 0	DEGREE ATTENDING	/ MEDICAL	STAFF	220 DATE	SIGNED
		224. PHYSICIAN'S NAME	E	400.171	, ,	IN	, PHYSICIAN	DIRECTOR	PHYSICIAN [6/1	1/05
		Annew	1 /	IW AL	modes	110	22e ADDRESS	MAIN	ST B	F7 11	Run
-		MINIKEN	100	100	0108001	pris)	10.1			MI	1,12.
1	73a. Bl	URIAL, CREMATION, REA	MOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATIO	NC		

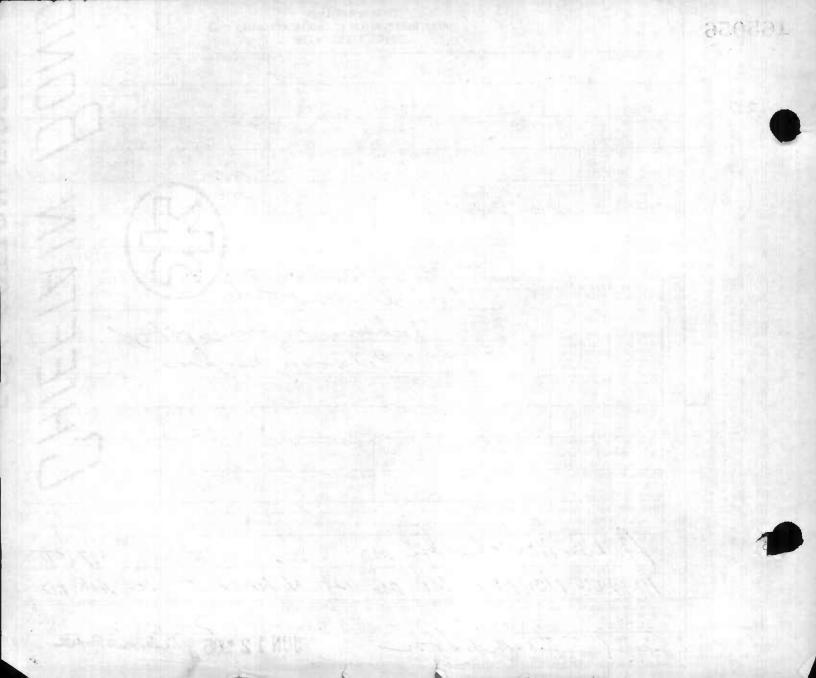
DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial June 11, 1985

24 FUNERAL DIRECTOR

MD.

Hopewell Cemetery PortDeposit Cecil



69061	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0.	6.	2 0
nay be page 3	I. DE	CEASED NAME FIRST OR PRINT) Theodol	Le	MIDDLE		Lecuk	20. DATE OF DEATH	6 3	V YEAR 85	26. HOUR 91,48 M
mo Lec	3. SE		4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ecto	P	Male	White		Marc	h 12, 1917	68	YRS.		
legth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE		P BALTIMORE CITY O	AN DU	F DEATH	MD.
61	10. C	TY OR TOWN OF DEATH Elkton	(IF NOT IN SU	HOSPITAL, NURSIE ICH FACILITY, GIVE STREET LION HOSP	ADDRESS)	OR OTHER INSTITUTION	12d. USUAL OCCUPATION OF WORK FOR MOST OF TEXTURE Y	F WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
WHEE!	13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN COUN	NTY	136. CITY OR TOV Elkton		13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 283 Holli	ngswor	th Man	or 21921
1000	14. F/	THER'S NAME FIRST Michael	WIDDLE	Lecuk		15. MOTHER'S MAIDEN NA/ FIRST Anna	WIDDLE		Berme	
mand co	- (MED FORCES? (E WAR OR DATES) W 2	166. SOCIAL SECTION 166. 222-07-4		Mrs. Mary L.	Lecuk, Elk		d. 219	21
certifican ng phy ca ban pares remaval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause pe D BY: TE CAUSE (a)	CARD	IAC	ARREST			BETWEEN C	MATE INTERVAL DINSET AND DEATH
hat the death c by the attendin 3se remove cart I, cremation, ar other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	I SCHE	MIC	CARDIOM	YUPATHY			
equires the signed to be plead to burial.	NO	PART 2. OTHER SIGNIFICANT		ESTIN		NOT RELATED TO THE TERM		DITION GIVE	N IN PART III	1
he law re an has beer i permit.	CERTIFICATION	190. DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YIN CERTIFYI	WERE FINDIN	OF DEATH?
SICIAN: TI ng physicit certificate urial-transit tental Hygi	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY I.M. MONTH D P.M.	AY YEAR	TIC HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PAR	T I OR PART 2}	
ar attending After this of e as the but and Marked ar I	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC }	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TTENE prital TTOR: for us of He		22s. I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	*	19_	, aı	, 19 nd that in (my) (aur) apinian (, 10	a = 3. 19	and from the	that (I) (we) last causes stated
1 + 1 + 0		22b. SIGNATURE	lu	nan	N	PHYSICIAN	MEDICAL STAP	IAN 🗌	6/3	SIGNED 85
TO HOSPITAL retained by th TO FUNERAL with the State With the State		EH SANUR		MAN		NEWA	2 DRUMA RK, DE	19711	_	ZA
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BUrial	6-6-8			EMETERY OR CREMATORY Cemetery	23d. LOCATION CITY OF TOWN Elkton,	Mar	y land	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		ICKS HOME FOR	ÛŃERALS	ELKTON	MD.	21921 25a DAT	N 1 4 1985	258. REGISTAL	AR'S SIGNAT	andell.

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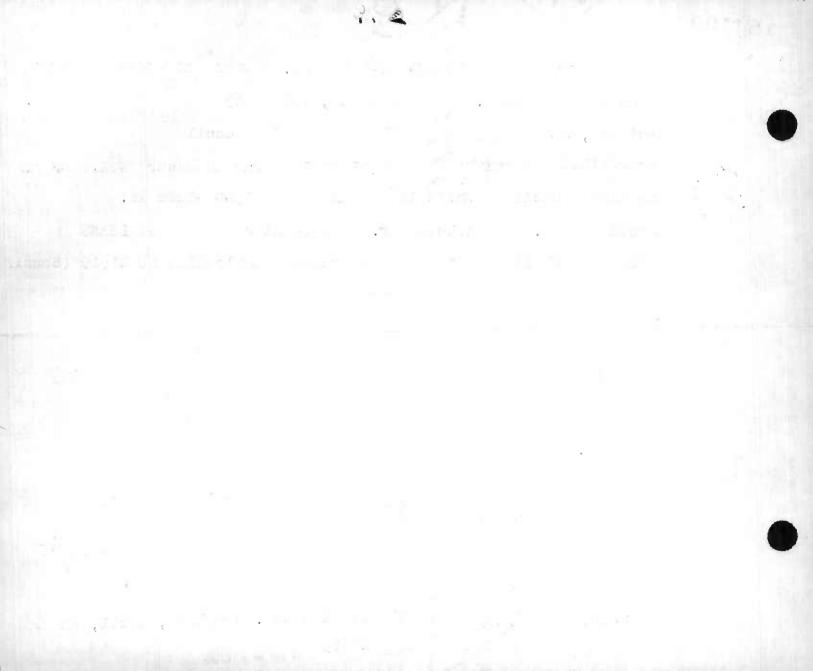
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ON HERW	4			ATE CAUSE (a)	Drowning							
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SE EXA	Ž	lying ca	use lost.	(e)								
PS. AL	ATI	PART 2 DTHER S	IGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION GIVEN	IN PART 1 (a.				
AL RECORDS, 201 W ULD BE EXECUTED "PENDING" IN PEI EF MEDICAL EXAM FED AS A BURRAL TH HEALTH AND MEN	E E		- 15					IN TAKE LIGHT				
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SHOU ORD "CHIEF CHIEF TOF H	No.	2										
DIVISION OF VITAL RE S CERTIFICATE SHOULD RITING THE WORD "PE ROED TO THE CHIEF M R.3 SHOULD BE USED A E DEPARTMENT OF HEA	3 -	TIA EXTERN	AL CAUSE WAS	1215 TIME	OF INJURY est	121. 14	OW INJURY OCCU	IDDED AND A			YES 🗌	NO X
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A HOUSE	0	CONTRIBUT	ING CAUSE O			85	subject	drowne	<u>d</u>			
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A STILL STIL	Z	death result	The Indian	oral causes	Accident .	Spiciae	Homicide L		mined monner	SJ.		
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Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	₹ d	EXAMINER'S	NAME	Donnic F	Com retal M	D	11.	1 Dann	7L D-14	La MD		
TO MEDICAL EXAMINER: THE PECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW TO FUNEAL DIRECTOR: PATER DEATH, WITH THE ST	7/-	(TYPE OR PRI			Smyth, M.		ADDRESS			to.MD.		
Magaan	23	a. BURIAL, CREMA (SPECIFY)	TION, REMOVAL	DATE OF THE PARTY			R CREMATORY	23d LOC	NWOT	COUNT	ry si	TATE
107 /4 /BP/		Buria	1	6-7-85	West N	otting	nam Pres.	Cemet	ery. Cold	ora, Md		
DHMH - 17	24	THE PARTY OF	60 6.	Elind	w/		25a. DA	ATE REC'D. BY R	EGISTRAR 256 R	EGISTRAR'S SIG	SNATUREnde	22
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	C		CEASED NAM	E FIRST		MIDDLE		LAST		2	OF ES	WN X M	ONTH DAY IYEAR	2b. HOUI
	38 X - 0		20111111	JO	HN	PET	ER M	ARTINUK.	II	3.89	DEATH MA	TED 06.	-15-85 19	,
	当日 立葉	3 SEX	(4. RACE	5. DATE OF BIRTH	YEAR		IF UNDER 1 YR.			DATE RONOUNCED	MC	ONTH DAY YEAR	2d. HOU
	N N N N N N N N N N N N N N N N N N N	Me	le	White	DEC. 11,		31 YRS.	MONTHS. DAYS	HOURS	MIN P	DEAD	6-	-15-85 19	6:42
-	SE SE	7a B	RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUN	TRY? 8.	MARRIED N	EVER MARRI	FD X	BALTIMORE	CITY OR C	OUNTY OF DEATH	
	高量の正常	Me	ryland		USA		V	IDOWED -	DIVORC		Ceci	1 Cour	nty	M
I	四年出日之 7		ITY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NUR	SING HOME, C	R OTHER INSTIT	UTION	12a. USU/	AL OCCUPATION	ON (TYPE OF V	WORK 126 KIND OF BL	JSINESS
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ALT	SSE THE SE		No			217	-64-055	3 Joh	n P.	Marti	nuk El	lkton.	Md. 21921	
-	N N N N N N N N N N N N N N N N N N N	>	18 CAUSE C	F DEATH (Enter or	nly ane couse per line	for (a), (b),	, and (c),)						APPROXIMAT BETWEEN ONSE	
Z.	A BASS	1	09	ATH WAS CAUSE	TE CAUSE (o) SMO	ke ar	nd soot	inhalat	ion			735		
STO	A A A A A A A A A A A A A A A A A A A		0/	0	DUE TO, OR		SEQUENCE OF							
PRE	ESPASS			ns, if any, which se to immediate							Labor.			
*	OR A SEN		couse (a lying cas) stating the <u>under</u>	DUE TO, OR	AS A CON	SEQUENCE OF				10/9	11/10	1	
8	E XXXXX	-			(c)							4.17		100
RDS	WATER SER	-	PART 2 OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	TEO TO THE TERMINA	OISEASE OR CONDITI	ON GIVEN IN PA	RT 1 fo	1111		1-11111-	
100	#25 S E E E	CERTIFICATION												
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Ö	RTIFICATE VG THE V O TO THE SHOULD PARTME	MEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH P.M.	EINTHIBY	19	II LOCATION			., ,, ,,			
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	2000年9		22a I certi	fy that I took chore	ge of the remains desc			Autopsy XX	Inspection	n	Inquiry	, ond in	my apinian	
	ME W DEF		death result	ed from: Natu	ral couses .	Accident	X, Suicid	e . Ham	ncide	Undeter	mined monne	. [],		
	MAN WAR		ACTUAL	Moure	I A	91	. 00		(SPECIFY)				DATE	
	3世紀本世世	1	SIGNATURE	Julian	- 1 we	_un	w	M.DA	ssista	ntmedic	AL EXAMINE	2 5	SIGNED 6-16-	85
	MEDICAL EXA CUTE THE CERT SE 4 SHOULD B FUNERAL DIRE FROEATH, WIT INWORE, MAR		EXAMINER'S	NAME Marg	arita A. K	orel	1 M D		111	Penn	Street			
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	22.5						ADDRESS.						
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07/84 25M	BP	24. F	Burial		6-19-85	GI	Ipin Ma	nor Memo	250 DATE	Park.	EIKTO	h REGISTE	AR'S SIGNATURE	
	DHMH - 17 (VR A15 ME (5))		mught to	hlita	Dores	TIMOS	1 100 0	1001	IIIN	241	985	ha Jair	AR'S SIGNATURE CO	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.	. 7		. 4
		CEASED NAME FIRST		MIDDLE	ı	AST	2a. DATE O			YEAR	2b HOUR
	INPE	Rayn	ond L.	McCracke	en		Jur	ne 13, 1	L985		5:39A
	3. SEX	(4 RACE		5. DATE C		6 AGE IN	YEARS LAST BIRTHD A	Y) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN,
		MALE	WHi.	TE	DUNA	Jan 1 1 1 1 1 1		79	YRS.	0.13	, noons
1		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMO	DRE CITY OR CO	OUNTY OF	DEATH	
)	V	IRGINIA	U.S	. A,	WIDOWE		CEC	14			MD
Paris I	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME (OR OTHER INSTITUTION		OCCUPATION		12b. KIND O	F BUSINESS OR
5	Pe	erry Point, Md.	VA	Medical	Cente	r	K	ETIRE	0		
1	05U/	AL RESIDENCE I P NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	113e STREET	ADDRESS / ZIE			
7			RFORD	ABERDE		YES X NO	25 R	GOON	ROAD		21001
19		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE		LAS	at.
1		JOHN		MISCRA	CKEN	IDA				BRIGI	HT
7		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS	, 1		
		YES Wh	1-11	215 34	2239	VAMC, Perr	y Poin	t, Mary	Land		
		18. CAUSE OF DEATH (Enter or	ly one couse per	line for (o), (b), on	id (c).)				-	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Cardiac	arres	t					
			DUE TO. O	R AS A CONSEQUI	ENCE OF						
		Conditions, if ony, which	(b)_								
		gove rise to immediate couse (a), stating the	DUE TO. O	R AS A CONSEOU	ENCE OF						
		underlying couse lost.	((c)								
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE OR CONDITI	on given	IN PART 1	0
_	CERTIFICATION										
1	ICA	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT		IB. IF YES, W		OF DEATH?
	Ē						YES 🗌	NOZ	YES [NO 🗆
1		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME C HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTERN	ATURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
7	N.	LIF EITHER, NOTIFY MEDICAL EXAMINE	P.	M.	19						
	MEDICAL	216. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		AT WORK AT WORK			10	0/		6 12		85	
		22a. I certify that (1) (this hosp				29- , 1984	, to	6-13-	, 19.		that X (we) lost
		sow the deceased alive or above, (1) (we) (did) (did no	t) view the body	atter death.		nd that in 1600 (our) opinion	deom occurr	ed on the date of	ond hour or	22¢ DATE	
		22b. SIGNATURE	10.		450	DEGREE ATTENDING	MEDICAL	STAFF			13-85
+		22d PHYSICIAN'S NAME ITYPE	Jeans	wyes N		PHYSICIAN 22e ADDRESS		PHYSICIAN	1 XX	0-1	13-03
ı				,		VAMC, Perry	Point	Md.			
_		Dr. Pouyes									
		BURIAL, CREMATION, REMOVAL	236. DATE	236.1	0 '	CEMETERY OR CREMATORY		Y OR TOWN	/	OUNTY	STATE
	24.5	DURIAL	17 JUM	E 85 BI	ELHI	R MEM, GARDEN			ARFO		PRYLAND
	# 24 FL	JNERAL DIRECTOR				230 DA	ATE REC'D. BY	REUDIKAK 156.	REGISTRAN	R'S SIGNAT	UKE

Tarring Funeral Home, Aberdeen, Md. 21001-3399 JUN

DHMH - 16 50M 4/83 (VRA 15, 4)

de de la constante

(VRA 15, 4)

26 HOUR

126 KIND OF BUSINESS OR

Wilson

IF UNDER 24 HRS

1985

INDUSTRY

COUNTY

STATE

22c. DATE SIGNED FUNERAL should be MPORT Chestrut Hill W, RELITERSTOWN, MS 21196 MANKO 0 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY Burial 5-31-85 Providence Cemetery Elkton Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S. SIGNATURE - WAR ST DHMH - 16 60M 7/84 ADDRESS Congo (VRA 15, 4)

DIVISION OF VIT

1, 1

	G PHYSICIAN: The low requires that the death certificate be executed within 24 hour memory. Page 4 may be offending physician.	er this certificate has been signed by the ottending physician and completely filled in:	s the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 should be #12 will may be ofter death
-	(N	Sales of	1
	within 24 hos	letely filled in	d 2 should be
	be executed	ion and comp	rs. Poges 1 on
	oth certificote	ending physic	corbonpope
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	e low require n.	nas been sign	permit. Then p
	G PHYSICIAN: The lo	s certificate }	Suriol-transit
	G PH	er th	the l

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1690620	1.	FOR STATE		DEPARTA			MENTAL HYG	IENE 8 5		7 2	2 8
	I DE	REGISTRAR CEASED NAME FIRST		MIDDLE	LAS		PLAIN	REG.		AY YEAR	2b. HOUR
o pp		OR PRINT)	EST.							1. 1. 1.	20 HOOK
de og	3. SE	MICHA	4 RACE	MILLER	5. DATE OF	ORAN		JUNE 6.		FUNDER ! YEAR	IF UNDER 24 HRS
tor. p	3. SE	Male	Whit		MONTH	DAY	YEAR			ONIHS DAYS	HOURS MIN.
Ogo Ogireo	7n B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MAY	13,	1949	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		country) Pnnsylvania		SA			MARRIED X	Ceci	_	DE DECITI	
(MA) 6		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR		III ONCED	12a USUAL OCCUPA		TIZE KIND O	F BUSINESS OR PER 1 TY OF
		Elkton	69	Elk Mills	Road		No.	Surgeon's			ersity of
24 hou could be must be	13a	AL RESIDENCE (IF NURSING HOME STATE 13b CO		13c. CITY OR TOW Elkton	N 11	3d INSIDE (NOX	13e.STREET ADDRESS		ad 2	1921
mpletely ond 2 sh	14. F/	ATHER'S NAME FIRST James	MIDDLE K.	LAST	1.15	5 MOTHER	S MAIDEN NA/	WE		LAST	erg
5 0	16a \	VAS DECEASED EVER IN U.S.		Moran		7 INFORM	Helen	B.	RESS	De	74.8
be execu on ond c s. Poges e medico	,	YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	175-38-1	220	Mrs.	Helen	B. Moran,	Elkton,		
death certificate be otherwise physicio ove corbon popers ition, or removal.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED BY	er line for ia), (b), and	d (c'.)	0	- 00	a Conse	at	BETWEEN C	MATE INTERVAL DISET AND DEATH
		IMMED	ATE CAUSE (o)_		AS V	and a	~~ 0	7	77		The second
deoth otteno ion, o		Conditions, if ony, which	(b)	DR AS A CONSEQUE	T	ne	mon				
s that the death ce ad by the attendin lease remove corb io), cremation, or i		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQUE	NCE OF	C	VA	12 H			
		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	DEATH BUT N	OT RELATE	O TO THE TERM	IN AL DISEASE OR CO	NDITION GIVE	N IN PART 100	
been sign from the prior to bu	P. I		Transfer of the second						Too is use		
- 000	CERTIFICATION	194 DATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATION	WAS PERFO	ORMED	206 AUTOPSY?		WERE FINDIN	
PHYSICIAN: The ending physicion, this certificote hote buriol-transit p of Mental Hygien d or them 8 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			Y YEAR	21c. HOW In	JURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT 1 OR PART 2)	
HYSICIA nding ph his certif buriol-ti Mentol or term	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) F	P.M.	19						
PHYS then the burner the burner ced or ced or	WED	21d INJURY OCCURRED	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC	THE LOCATI		CITY OR	TOWN	COUNTY	STATE
DING P or offer After the se os the coth one morked		22a. I certify that this has	Dital) attended t	Me deceased from		191	10 85	10	16	.85	that (1) we) last
TOR TOR		saw the deceased over	(2)	4 198	5 , ond	that in my	(our) opinion o	death occurred on the	date and hour	and from the	couses stoted
OR ATTENDING e hospitol or off DIRECTOR. After sched for use as the Dept. of Health or		77h SIGNATURE	mpri view the ood	y after death.	DE	GREE				22c. DATE S	SIGNED
74 750			and	Strong	· h			MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	6-7-	-85
TO HOSPITAL retoined by the TO FUNERAL should be deturned to with the State		224 PHYSICIAN'S NAME IN		D	9	721		Student P	l leton 1	va 210)21
TO H Shoul	22	Jøseph G.			11115 05 05			Street, E	ikton,	Ma. 215	/21
BP		BURIAL, CREMATION, REMOVE BURIAL	23b. DATE 6-10	2.5			CREMATORY nception	CITY OR TOWN	Hill.	COUNTY Mary 1 s	STATE
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	I to he	8 9/	n d	/		REC'D. BY REGISTRA	R 25b. REGISTR	AR'S SIGNATI	URE
(VRA 15, 4)	F	ICKS HOME for	FUNERAL	S, ELKTON,	MD.	21921	1111 1	1 1095 Juli	Davidson	-Adnoses	
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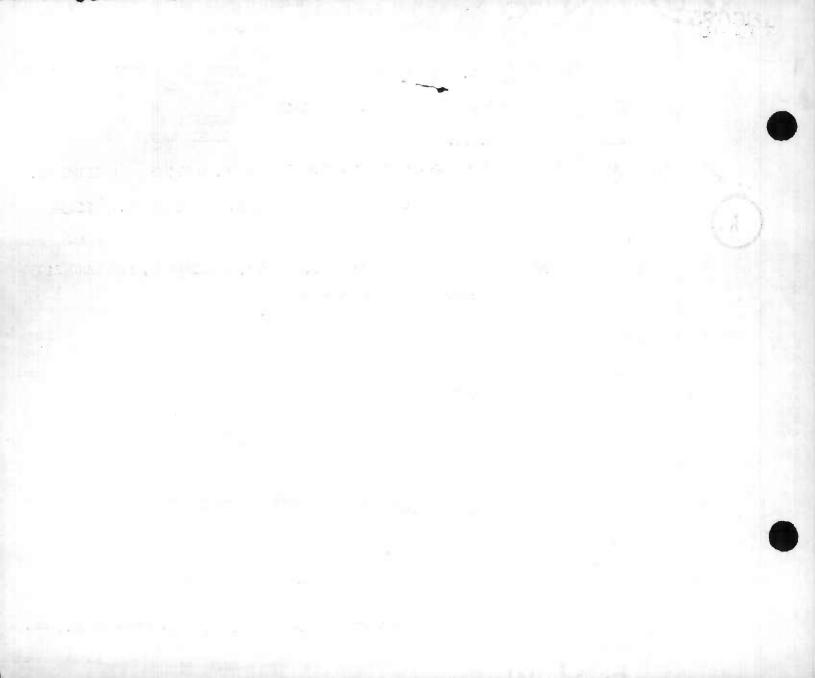
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARILLAND 21.201	DING PHYSICIAN: The law requires that the death certificate be executed or attending physician.
	3 0
4	DING PHYSICIAN: The lost on attending physician.
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Z	Sign
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	ECCACED NIAME											
[17]	ECEASED NAME	FIRST	N	AIDDLE		LAST		20 DATE OF D	EATH M		AY YEAR	26. HOUR
	PE OR PRINT)	FRANCI	S	Q.	MU	IRPHY		JUNE	21	19	85	7:00
3 SI	EX	4	RACE	*		OF BIRTH		6 AGE (IN YEA	RS LAST BIRTHI		FUNDER TYEAR	IF UNDER 24 HE HOURS MI
1	MALE	3-3-	WHIT	E	NO	v. 23	1911	73		YRS	DATS	HOURS MI
70 E	BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF V	WHAT COUNT	TRY?	D X NEVER M	APPIED T	9. BALTIMORE	_		OF DEATH	
1	MARYLAND			S.A.	WIDOWI	ED DIV	ORCED [CIL C			
P	ERRY POIN	r	A MEDIC	CAL CEN	TER PER	OR OTHER INSTI		12ª USUAL OC (TYPE OF WORK FI INFO.	OR MOST OF V	WORKING LIFE	INDUSTRY	ITY CO.
Z 13a.	UAL RESIDENCE IFN STATE ARY LAND	ursing home or co 113b. GOUNT HARF	ſΥ	GIVE RESIDENCE P 13c. CITY OR DARLI	TOWN		ио 💢	130 STREET AC 4410 CC			D. / 2	1034
CIA.F	FATHER'S NAME FIRST HENRY	M	HODLE	MURP			MAIDEN NA IRST LIZA		MIDDLE		JOI.	NES
	WAS DECEASED EV				SECURITY NO.	17 INFORMAN			ADDRES	S	00.	1120
1	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	717 07	7 5608	JANET R	. MURI	PHY, DAF	RLING	TON. 1	MARYI	ND 2103
	IN CAUSE OF DE			ling for to 1 (b	L and to 1							MATE INTERVAL ONSET AND DEAT
	Conditions, if a gave rise to cause (a), sta underlying co-	immediate ating the	DUE TO, OF	R AS A CONSI	EOUENCE OF							
NOI	gove rise to cause (a), sto underlying co-	immediate ating the use last	ONDITIONS CC		TO DEATH BUT	T NOT RELATED	TO THE TERM	INAL DISEASE (OR COND	ITION GIVE	EN IN PART II	a ·
TIFICATION	gove rise to cause (a), sto underlying co-	immediate ating the use last IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING PNEUMON	TO DEATH BUT	T NOT RELATED		200 AUTOP	SY?	20b. IF YES,	, WERE FINDI	NGS USED
CAL CERTIFICATION	gave rise to cause (a), sto underlying counderlying counderlying counderlying DATE OF OPE	immediate ating the use lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT	ONDITIONS CO	EINJURY	TO DEATH BUT NIA HICH OPERATIO	ON WAS PERFOR	RMED	200 AUTOP	SY?	20b. IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to cause (D), sto underlying co- PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [18 EITHER NOTIFY M 21d. INJURY OF NOTIFY M 21d. INJURY O	immediate ating the use lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT REDICAL EXAMINER]	ONDITIONS CO 19b. CONDI 19b. TIME O HOUR A.I 21c. PLACE C	PNEUMON TION FOR WH F INJURY M. MONTH M. DE INJURY	TO DEATH BUT NIA HICH OPERATIO	ON WAS PERFOR	RMED URY OCCUR	200 AUTOP YES	SY?	206. IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED S OF DEATH?
	gove rise to cause (ID), stounderlying counderlying counderlying counderlying DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [LIE EITHER NOTIFY WAS INJURY OCCUMENT NOTIFY WAS NOT ALL WORK NOTIFY WAS NOTIFY WA	immediate ating the use lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT CAUSE OF DEAT CAUSE OF DEAT COUNTY COUNTY UNRED (1) (this hospite cased alive pp.	ONDITIONS CC 19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME STR	PNEUMON TION FOR WE FINJURY M. MONTH M. DF INJURY EET, FACTORY, OF	DAY YEAR 19 TKE, FARM, ETC.)	21c. HOW INJ	RMED URY OCCURI	200 AUTOP YES	SY? NO RE OF INJURY CITY OR TOW	206. IF YES, IN CERTIFY YES IN ITEM 18 PA	WERE FINDI YING CAUSES 5 TRI LOR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
	gove rise to cause (ID), stounderlying counderlying counderlying counderlying Counderlying DATE OF OPER STATE OR CONTRIBUTING [IF EITHER NOTIFY MOINT AT 120.1 certify that saw the december, (I) (we 27b. SIGNATURE	immediate ating the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT CAUSE OF DEAT CAUSE OF DEAT URRED WHILE WORK (I) (this hospito eased alive on e) (did) (did not)	ONDITIONS CC 196. CONDI 196. CONDI 216. TIME O HOUR AA P.I. 21e. PLACE (IATHOME STR UNDE	PNEUMON TION FOR WE FINJURY M. MONTH M. DF INJURY EET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	211 LOCATION STREET	URY OCCURI N 19 85 aur) apinian ITENDING HYSICIAN [200 AUTOP YES	SY? NO	20b IF YES, IN CERTIFY YES	WERE FINDI YING CAUSES 5 ART LORPART 2) COUNTY	NGS USED S OF DEATH? NO STATE
	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY WAS AT WORK AT	IMMEDIATE CAUSE OF DEAT COLOR CAUSE OF DEAT CAUS	ONDITIONS CC 196. CONDI 196. CONDI 216. TIME O HOUR AA P.I. 21e. PLACE (IATHOME STR UNDE	PNEUMON TION FOR WE FINJURY M. MONTH M. DF INJURY EET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	211 LOCATION STREET 24 and that in (my) (DEGREE AT P 22e ADDRESS	URY OCCURI , 19 85 aur) apinian ITENDING HYSICIAN	200 AUTOP YES	SY? NO CITY OR IOW THE ACT IN IOW STAFF PHYSICIA	20b. IF YES, IN CERTIFY YES IN ITEM 18 PA N 1 e and hour	COUNTY 22c. DATE	NGS USED S OF DEATH? NO STATE

DHMH - 16 50M 4/83 (VRA 15, 4)



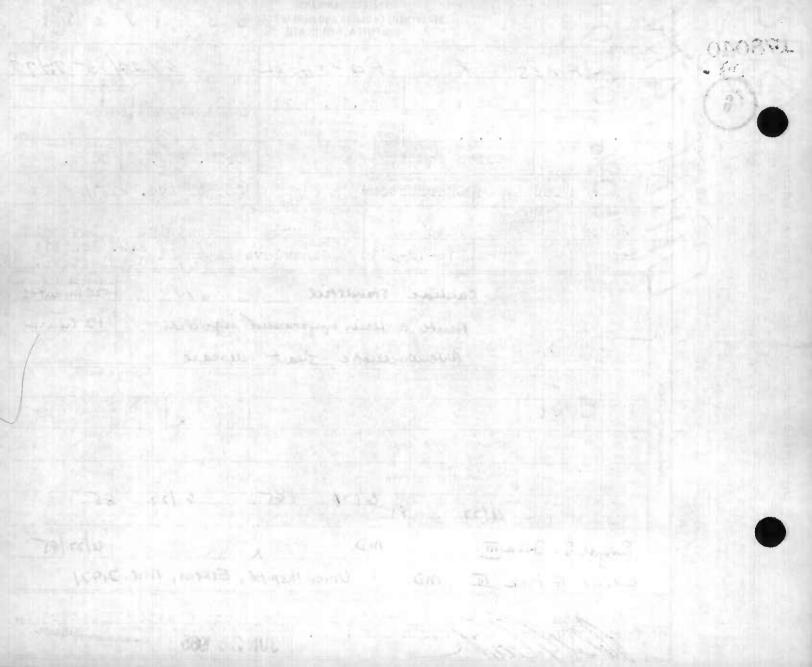
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(VRA 15, 4)

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STATE OF MARYLAND

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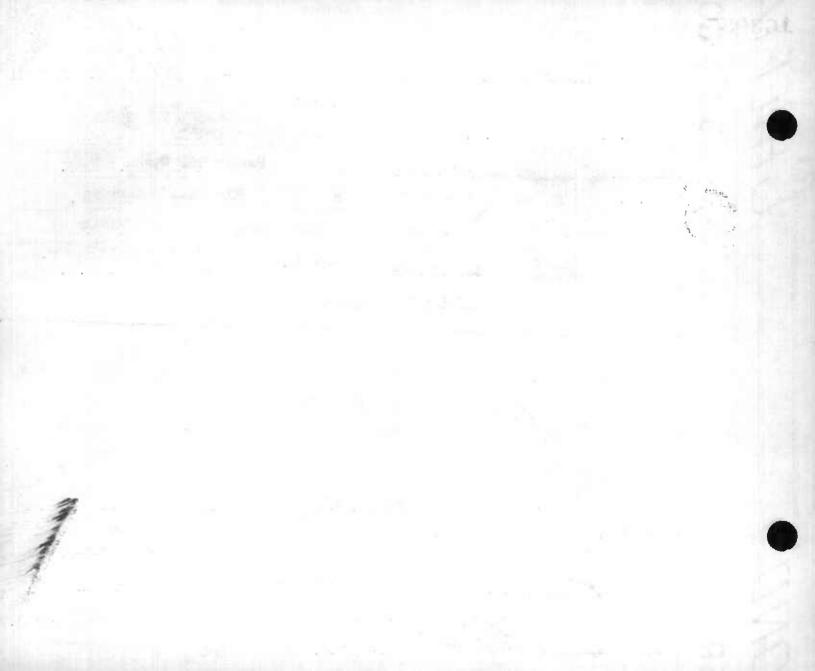


Penns Grove, N.J.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

Adams Funeral Home



183007

(VRA 15, 4)

FOR

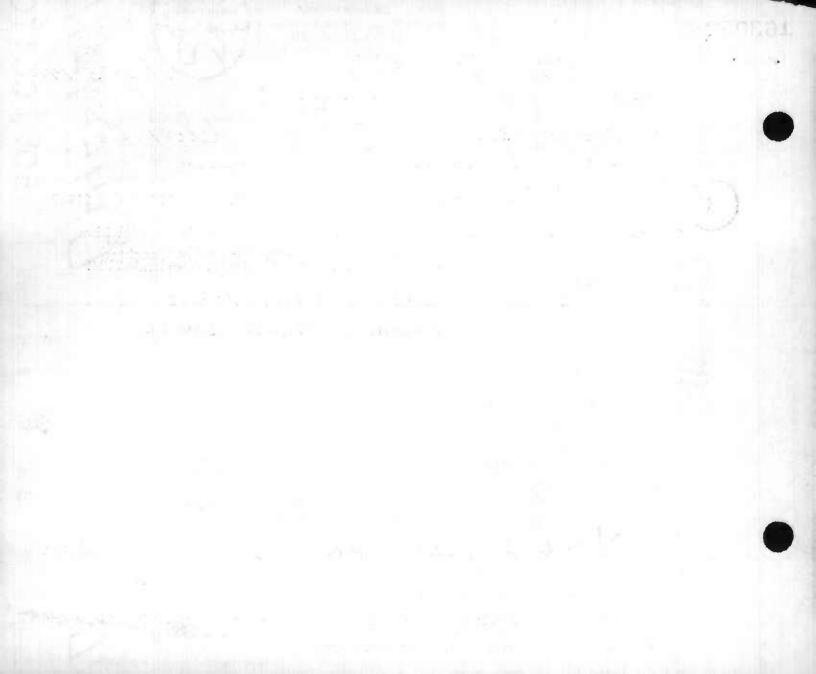


of PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	increases programmer. The offending physician and semple to the funeral director, page 3 so the broad trace of the control trace of the
es that the death	ned by the attendi
OF PHYSICIAN The law require	er this certificate has been sign

- 1	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	REG. NO.	1/234
	ECEASED NAME LEONA LEONA	w.	RE	èid		DAY YEAR 26. HOUR 2/85 /4/10
3. S	Female	White	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
V	ienna, Maryland	U.S.A.	8. MARRIE WIDOWE	D & NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C	1 /1
	EIKTON.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET LOCUST Point	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	
30					Rt. #50 & 3	21869
149	Jasper Cleveland	Willey LAST		Lola FIRST	Nettie	Willey
	WAS DECEASED EVER (N. U.S. ARI (YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16h SOCIAL SECU 218-20-		P.O. Box 188,	Ann Hurley (1 Vienna, Mary	Daughter) land 21869
	PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), an) BY: E CAUSE (a)		- RESPITORY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOUR				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	106. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IF	NITEM 18. PART I ORPART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did no	ol) attended the deceased from	85 .01	nd that in (my) (our) opinion o	to 4/2 death occurred on the date	, 19_85 , that (I) (we) la and hour and from the causes stated
	226 SIGNATURE DOGS	. A. Palel			MEDICAL STAFF DIRECTOR PHYSICIAL	NO 6 2 PA
	22d PHYSICIAN'S NOME TYPE OF	A. PAte	/	220 ADDRESS LEWARK	Del	19958
23u	BURIÁL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory 11 Memory Gare		Wicomica Marylan
24	FUNERAL DIRECTOR	Home, P.A., Sal	isbury	, Maryland	JUN IL LA BOOM	GISTRAR'S SIGNATURE

STATE OF MARYLAND

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND A CERTIFICATE OF D		NES 5) / L	3 3
	DECEASED NAME FIRST HOWARD	A. Robin	son		une 8, 198	MONTH DAY YEA	2b. HOUR 6:15A M
	MALE	RACE WHITE LA CITIZEN OF WHAT COUNTR	5. DATE OF BIRTH MONTH DAY 10 24	YEAR 50	AGE (IN YEARS LAST BIRT	YRS.	AYS HOURS MIN.
1	COUNTRY) MD	USA	MARRIED NEVER N	ORCED	CECTO	L COUNT	MD.
1	Perry Point	VA Medical Cen			TYPE OF WORK FOR MOST OF RETURES		TRY
1	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE	TY 136 CITY OR TO FORES	THELL YES -	NO 🕒	Se.STREET ADDRESS /	ZIP CODE RON ACRE	rs 31050
1	4. FATHER'S NAME FIRST HOWARD	NODLE ROBINS		MAIDEN NAME FIRST PRIE	MIDDLE		TWICK
1			8534 GNE	-	ROBENSON	SAMO	6
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (o), (b), BY. Respir CAUSE (o)	atory Arrest			APF BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION (b) DUE TO, OR AS A CONSECTION (c) ONDITIONS CONTRIBUTING TO	QUENCE OF	TO THE TERMIN	al disease or conc	DITION GIVEN IN PAR	N No
1	NO 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFO	RMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
		21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	JURY OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18. PART I ORPARI	T 2)
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIN	CE FARM, EIC) 211 LOCATIO	N	CITY OF TOV	WN COUNTY	Y STATE
	72a. I certify that (X) this hospite saw the declared all colors (M)	ol) ottended the deceased from June 8	DEGREE	(our) opinion dec		ate and hour and from	35, that (X (we) last a the causes stated
-{	228. PHYSICIAN'S NAME (TYPE OR		27e ADDRES	S	MEDICAL STAF		(8/8)
	Chris Berchelm 23. BURIAL, CREMATION, REMOVAL		VA Me		enter, Perr	y Point, N	
	BURTAL 24 FUNERAL DIRECTOR	JUNE 11, 1985	HOLLY HILL Me	SMORIAL 1250 DATE R	PEC'D, BY REGISTRAN	25b. REGISTRAR'S SIG	ACTO MD
	CONNEZLY FO	UNERAL HOME	300 MACE M	E JUN	1 1 1985	julia Davidsor	-Aandelle

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT: If hem 21 is marked or Item 18 shaws any injury, or other troumatic event, th

condition . Defined Vinery Stable THE PART LOSS OF SHIP OF SHIP Same and the second of the sec Tenningtony Arrest COST OF THE PROPERTY AND AND THE PROPERTY OF T Charles Have there to make the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1723	-

LD	REGISTRAR		4011111	ICATE OF DEATH	REG. NO	D		
	ECEASED NAME FIRST	AIDDLE	i	AST	20. DATE OF DEATH		DAY YEAR	2h HOUR
(17	PE OR PRINT)	LYLE R. STAR	KS		June 17	108	25	3:40A M
3. 5	EX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Blk.	Sept		55	MONTHS DAYS	HOURS MIN.	
70	BIRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNT	Y OF DEATH	
	Virginia	U.S.A.	WIDOWE	3.7	Cecil	Count	ty	MD
	Perry Point, Mi.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, VA Medical Cen	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF GUARD (GSA	WORKING L	FE) INDUSTRY	Gov t
130	STATE 131 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13, CITY OR TOW Lhannock Washingt	'N	13d. INSIDE CITY LIMITS? YES NO	Rt. #1 - B	ZIP COD	1 / 227	17449
14.1	FATHER'S NAME Hugh	Starks		Maria	ME MIDDLE		Robe	erts
		MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	55		
Y	es 8/21/	50-8/53 228 30 4	584	VAMC, Perry	Point, Man	rylan	d	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE						
NOL		(c)CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON			
TIFICATION	PART 2. OTHER SIGNIFICANT (196 CONDITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20h. IF YE IN CERT	S, WERE FIND II IFYING CAUSES ES []	NGS USED
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATIO AY YEAR 19		200 AUTOPSY?	20b. IF YE IN CERTI Y	S, WERE FIND II IFYING CAUSES ES []	NGS USED OF DEATH?
	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F (tol) ottended the deceosed from 16-17-19 Viview the body after death.	OPERATIO AY YEAR 19 ARM ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET 2—28— 19.85 Indication (2004) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO SEED (ENTER NATURE OF INJUR	20b. IF YE IN CERTI Y. IN ITEM 18	S, WERE FIND II IFYING CAUSES ES PART I OR PART 2) COUNTY 19 85. Ut ond from the	NGS USED OF DEATH? NO STATE thoryty(we) lost causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

W. C. Thompson Funeral Home, Culpepper,

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

7-101/

Z v = omit

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Stand Street office.

Chapter 1

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DHMH-16 60M 1,73

230 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

(VR A 15 (4))

24 FUNERAL DIRECTOR F.H. Box 270 Millington, MD 21651

St.

Dennis

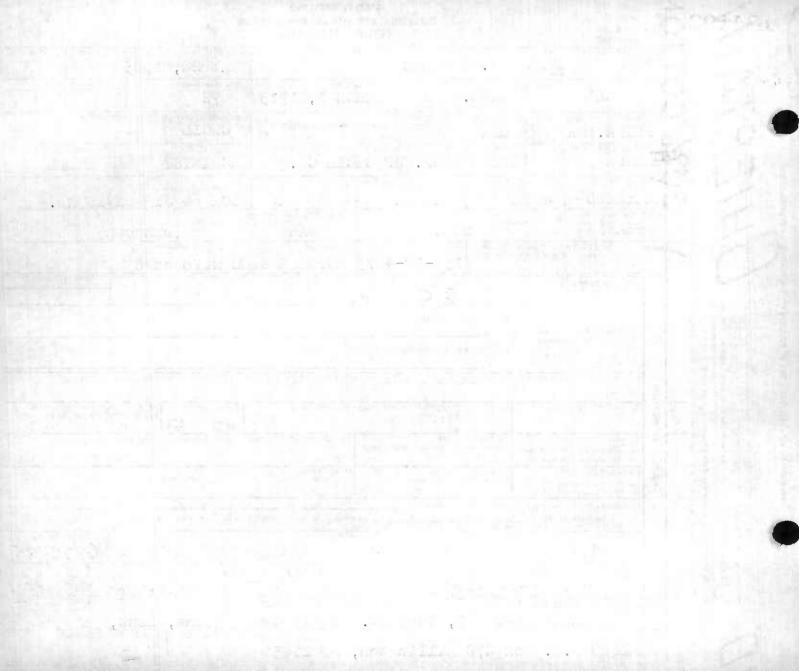
Cem

23b. DATE

JUNE

23d LOCATION COUNTY kent

Galena



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENET - STATE 191050 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-Harold 30 1985 IS DATE OF BIRTH AGE (IN YEARS 2d HOUR IF UNDER 24 HRS 2c DATE RONOUNCED 1:137 White To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TOMEVER MARRIED Pennsylvania USA Cecil County. WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Truck "Driver Elkton Union Hospital USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 13d. INSIDE CITY LIMITS 130 PRED ADBRESS 239 30. SMaryland 3Cecil 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDISWift Thomas Miriam Jones 17. INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 182-32-1880 Ruth Ann Swift Box 239 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to E 3 SHOULD DE DE PEN DEPARTMENT OF HEAT OF TO BURIAL, OF 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY JATHOME 21f. LOCATION EXECUTE THE CERTIFICATE. WRITE PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WHILE CITY OF TOWN COUNTY 22s. I certify that I took charge Inspection death resulted from: Undetermined manner TITLE (SPECIFY) DACTING ChiefEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD. TYPE OR PRINT Oxford. Chester Co. Pa. 7-3-1985 Oxford Cemetery Buria] 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

Mary Selder Selder Selder Mary and agrae and com-Santa (-1-1985 (xlord paster) trains (danted lie. 26.

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183119		FOR STATE		0	EPARTMENT OF HEALT	H AND MENTAL H	YGIENE	7 2	5 7
CLICOL		REGISTRAR		MED	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. N	10.	4 - 4
		CEASED NAME	FIRST		WIDDLE	LAST	20. DATE KNOWN	W MONTH DAY	YEAR Zb. HOUR
ا جرم پر پ	(TYP	E OR PRINT)	Line	3-	М. г	No. I to Care	OF ESTI-		10 OF
SEE TORS	3 SE)		1. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS IF U	Caylor		6-21 MONTH DAY	19 85 M
STS STS		N. See TO		MONTH DAY	YEAR LAST BIRTHDAY) MOR		MIN PRONOUNCED		110:46
O Z O D Z	1 /		White	AUGUST 30			DEAD	6-21	19 85 р. м
S A S ES	7 BI FO	RTHE LE	of.	76. CITIZEN OF WH	AT COUNTRY? 8. MAR	RIED NEVER MARRI	BALTIMORE CITY	OR COUNTY OF	DEATH
DAN SA	7 W	ashingt	on	USA	WIDO	WED DIVORCE	D X Cecil Cou	inty,	MD.
DELAY IS NECESSARY, PLEASE TTO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. TO THE PLANTIN 72 HOURS.	10 CI	TY OR TOWN	OF DEATH		PITAL, NURSING HOME, OR OT	HER INSTITUTION	120 USUAL OCCUPATION (TO		IND OF BUSINESS
A T A T A	/ E	lkton	/		ospital of Ceci	1 County	FOR MOST OF WORKING LIFE) Clerk Unic		
	4			OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)			n noapit	3000
21201 AND AND AND RETA HOULD	130 S		131 COU		13c. CITY OR TOWN		13e STREET ADDRESS	/ /	60406
P. A. A. S. S. P.	1	elaware	New (Castle	Newark	YES X NO	1510 Thornhil	ll Drive,	19702
E, MD.	17	THER'S NAME		MIDDLE	LAST	IS. MOTHER'S MAIDE	MIDDLE		LAST
ORE, A	1	Edward		W.	Betley	Shirle			Adams
AFTER DE VICE PAGES HE FORM I A FORM I		VAS DECEASED	EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	S	
SALTIMORE RS AFTER DEA GIVE PAGES VITH FORM P		No	(221-40-1169	Mrs. Shir	ley A. Betley,	Newark,	Del.19702
: 28310		18 CAUSE OF	DEATH (Enter o	nly ane couse per line !	for (a), (b), and (c).)				APPROXIMATE INTERVAL
PRESTON ST., ITHIN 24 HOUF CIL IN ITEM 18, NER ALONG W ANSIT PERMIT. AL HYGIENE, PREMOVAL.	1	PARTIDE	ATH WAS CAUSE		Multiple Inju	ries		BET	WEEN ONSET AND DEATH
VA SEE PER 24		814	IMMEDIA	ATE CAUSE (a)	AS A CONSEQUENCE OF	. 100	H COLOR TO THE		
ENG PER		Condition	s, if ony, which						
201 W. PRE UTED WITHI IN PENCIL EXAMINER RIAL-TRANG ON, OR REA			e to immediate stating the under						
L PEN KENT		lying cous		DUE TO, OR	AS A CONSEQUENCE OF				
S S S S S S S S S S S S S S S S S S S				(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI S. WRITING THE WORD "FENDING" IN PENCIL IN ITEM I WARDED TO THE CHIEF MEDICAL EXAMINER ALONG PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMI STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	PART 2 OTHER SIG	INIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PAR	rT 1 (a)	-	
S S S S S S S S S S S S S S S S S S S	MEDICAL CERTIFICATION								
TAL RE HOULD SO "PE A HIEF A DE HEF A SENT, OF HEF A RIAL, OF HEF	713	190 DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		2D /	AUTOPSY?
SHOUL ORD "F CHIEF E USED URIAL,	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			5.3					YES X NO
DIVISION OF VITAL SCRETIFICATE SHOU RDED TO THE CHIEF EES RAVOULD BE USE EES PREARMANT OF HOTE FOLIANT OF HOTE	N. N.	210 EXTERNA	L CAUSE WAS	216 TIME OF	INJURY 21c.	HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM TO		A
S S S S S S S S S S S S S S S S S S S	7 3	UNDERLYING	IG ☐ CAUSE OF		6-21 19 85 p	odoatrian a	trancle by trancele	1000	
SION RTIFIC NG TH SHOU SHOR	1 8	21d INJURY O		7.97		OCATION	truck by truck		
S CER REITIN RDED 3E 3 S PE DE P	NA MA	WHILE	NOT WHILE T	STREET, FACTO	DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
PI E, WRI RWARE STATE () 21201		AT WORK	AT WORK	road		Rt. 282 & Rt	. 299, Ceciltor	n,Cecil C	Co., Md.
NER: THIS CATE, W FORWAI THE STAT	1	22a I certif	y that Trook chor	rge of the remains desc	bed abave, held an Auto	psy XX Inspection	n nquiry , o	and in my opinion	
A SHAPE		death resulte	from Non	ural course 21	Africant XX, Spicide	Hamicide .	Undetermined manner		
ARA REST		6	1/2	· () * I	1 41 111	TITLE (SPECIFY)			
W. H. DOUGE		ACTUAL	Velin	w 1/7	myohim	A Assistant	MEDICAL EXAMINER	DATE SIGNED 6	6-22-85
SEATER SE	17/		Management		1	go. Allender	MEDICAL EXAMINER	SIGNED	
WE WE	1	EXAMINER'S I		nnis F. Smy	yth, M.D.	ADDRESS 111 F	Penn St., Balto	o., Md.	21201
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE SITE BALTIMORE, MARKIDAND, 2	73a B		ION, REMOVAL		23c NAME OF CEMETERY	_ADDRESS	23d. LOCATION		
000000	15	Burial	IO14, KEMIOVAL	6-26-85	St. James Er		CITY OF TOWN	ton, Del	AVATO
7 87 BP.		UNERAL DIRECT	TORA O	0-20-03	Joe. James El		EC'D. BY REGISTRAR 25b REC		
DHMH - 17	24. F	Tall	54.6	The Bogs	/				
(VR A1S ME (5))	H	LCKB B	ME for F	UNERALS.	LKTON, MD. 219	21 1111	27 1005 -	nurdson-A	anavec

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F	OR			DEPART		E OF MAR	RYLAND ND MENTAL I	HYGIENE		1	-7	0 4	1
- S			N				RTIFICATE	See.	Prof	REG. NO.	1	6	
(TYPE	EASED NAME OR PRINT)	Beula		E.		You			OF DEATH A	ESTI-	MONTH	22 ₁₉ 85	1.
Fer	note	White	FEB. 25	AY YEAR	6 AGE (IN YEAR:		R 1 PR IF UNDER		C. DATE RONOUNC DEAD	ED	G	22 10 8S	2d. HOUR
FORE	THPLACE (ST IGN COUNTRY) arylan	ATE OR	76 CITIZEN OF		NTRY? 8	MARRIED	NEVER MARK	RIED	BALTIMO	RECITY OR	COUNT	TY OF DEATH	up.
0 CIT	ORTOWN	OF DEATH	11 NAME OF H	HOSPITAL, NU	RSING HOME, STREET ADDRESS)			12a. USU A	OST OF WORKIN	TION (TYPE O		126 KIND OF BI OR INDUST	USINESS IRY
30 ST		(IF IN NURSING HOME OF 13b COUN Cec	JTY	13c. CITY	BEFORE ADMISSION OR TOWN		INSIDE CITY LIMITS?	13e STREE	ET ADDRESS	5		ad 2192	1
	HER'S NAME		MIDDLE		akeley		MOTHER'S MAID FIRST Bertha	DEN NAME	MIDI	DIE		Carty	
{YES	AS DECEASE! , NO, OR UNKNO NO	D EVER IN U.S. AR.	MED FORCES? WAR OR DATES)		-32-655		Mrs. Max	ine E.	Mood	ADDRESS y, Eli	kton	, Md. 2	1921
	PART I DE	F DEATH (Enter on ATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	Ath		rotic	her.	+ di	1225	د .		APPROXIMAT BETWEEN ONS	
	gave ris	ns, if any, which se to immediate stating the <u>under</u> se last.	(b)		NSEQUENCE OF								5 119
NO	Arte	GNIFICANT CONDITIONS	2021+0	2600	. 0	UNi	an Ch	ART I a	omd,	,			
THE STATE OF	190 DATE OF	OPERATION	196 CON	NDITION FOR	WHICH OPERA	TION WAS I	PERFORMED?				19	20 AUTOPSY	? NO 🍱
Ü	UNDERLYING	CAUSE WAS OR OR OG CAUSE OF	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW	INJURY OCCURRI	ED LENTER NA	ATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PA	RT 2)	
ME ME	WHILE AT WORK	NOT WHILE DAT WORK		CE OF INJURY FACTORY, FARM, E		21f LOCAT			CITY OR TOWN		CO	VINIY	STATE
	22a I certifi death results	fy that I taak charged from: Natu	ge of the remains	described obo		Autopsy (Homicide .		Inquiry [[]	in my op	oinion	
	ACTUAL SIGNATURE _	0	1/5	-		M.D	Deputy	MEDIC	CAL EXAMIN	JER	DATE	G-2	2-85
	TYPE OR PRIN	TION, REMOVAL			-VITAL	MADE	DRESS Unio	1234 LOC	-	REI	Kto	n mo.	21921
(SPI	Buria NERA DIREC	1	6-26-85				st Cemet	ery.	-	ville Jáb regisi	Maj		1903
HIC	CKS HO	AN 6.	UNERALS.	ELKTO	N, MD.	21921	.3	JUN S	7 198	9000		1.00	

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